| Effective October 1, 2001   |  |   |                                   |                               |              |                  |                 |                   |                        |           |                     |                        |
|---|--|---|-----------------------------------|-------------------------------|--------------|------------------|-----------------|-------------------|------------------------|-----------|---------------------|------------------------|
| 9   | 20/05  | CLAIMS AS                                     | S FILED -<br>(Column              |                               |              | (Column 2)       |                 | SMALL ENTITY TYPE |                        |           | OTHER THAN          |                        |
| TOTAL CLAIMS  |  |   |                                   |                               |              |                  | RAT             | Ε                 | FEE                    |           | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                      |                               | NUMBER EXTRA |                  | BASIC           | FEE               | 370.00                 | OR        | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=                         |                               | *            | *                |                 | _                 |                        | 1 1       | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                         |                               | *            |                  | X42:            | $\dashv$          |                        | OR        |                     | <u> </u>               |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                                  | RESENT                            |                               |              |                  | A42:            | -                 | ···                    | OR        | X84=                |                        |
| <u> </u>  |  |   |                                   |                               |              |                  | +140            | =                 |                        | OR        | +280€               |                        |
| * 11  | the difference                                 | in column 1 is                                | less than zero, enter "0" in colu |                               |              | olumn 2          | TOTA            | \L                |                        | OR        | TETAL               |                        |
| CLAIMS AS AMENDED - PART  |  |   |                                   |                               |              |                  | 0140            |                   | MTITI                  |           | OTHER               |                        |
|   | (Column 1) CLAIMS                              |   | (Colun                            |                               |              |                  | S) SMAI         | _L E              | NTITY                  | OR<br>I I | SMALL               |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT               |                                   | NUM<br>PREVIO<br>PAID         | OUSLY        | PRESENT<br>EXTRA | RATI            | <u> </u>          | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| NO.   | Total  | *   | Minus                             | **                            |              | =                | X\$ 9           | =                 |                        | OR        | X\$18=              |                        |
| AME   | Independent                                    | *   | Minus                             | ***                           |              | =                | X42=            | =                 |                        | OR        | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                   |                               | T CLAIM      |                  | +140            | =                 |                        | OR        | +280=               |                        |
|   |  |   |                                   |                               |              |                  | TOT<br>ADDIT. F |                   |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                    |                                   | (Colu                         | mn 2)        | (Column 3)       | AUDIT. I        | LL <b>L</b>       |                        |           | ADDIT. FEET         |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | RATE            |                   | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                             | **                            |              | =                | X\$ 9           | =                 |                        | OR        | X\$18=              |                        |
|   | Independent                                    | *   | Minus                             | ***                           |              | =                | X42=            | 1                 |                        | OR        | X84=                |                        |
|   | FIRST PRESE                                    | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |                               |              |                  |                 | $\dashv$          |                        |           |                     |                        |
|   | +140= O  |   |                                   |                               |              |                  |                 |                   | OR                     | +280=     |                     |                        |
|   |  |   |                                   |                               |              |                  | ADDIT. F        |                   |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)<br>——€⊾∧IMS——                      |                                   | (Colui                        |              | (Column 3)       |                 |                   |                        |           |                     |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT               |                                   | NUM                           | BER<br>OUSLY | PRESENT<br>EXTRA | RATE            |                   | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                             | **                            |              | =                | X\$ 9:          | =                 |                        | OR        | X\$18=              |                        |
|   | Independent                                    | *   | Minus                             | ***                           |              | =                | X42=            | $\top$            | <del>-</del>           |           | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                               |              |                  |                 | +                 |                        | OR        | 704=                |                        |
|   | f Almana e e e e e e e e e e e e e e e e e e   |   |                                   | <b>.</b>                      | . 805        |                  | +140:           | =                 |                        | OR        | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR  ADDIT. FEE |  |   |                                   |                               |              |                  |                 |                   |                        |           | TOTAL<br>ADDIT. FEE |                        |
|   | The "Highest Nun                               | nber Previously Pa                            | id For" (Total o                  | r Independ                    | lent) is the | highest numbe    | r found in the  | appr              | opriate box            | in col    | umn 1.              |                        |

Application or Docket Number